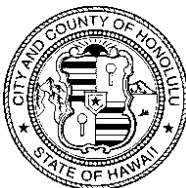


DEPARTMENT OF THE MEDICAL EXAMINER
CITY AND COUNTY OF HONOLULU

835 IWILEI ROAD • HONOLULU HAWAII 96817
TELEPHONE: (808) 768-3090 • FAX: (808) 768-3099 • website: www.honolulu.gov

KIRK CALDWELL
MAYOR



ROBERT K.W. LEE, JR.
ADMINISTRATIVE SERVICES OFFICER

MASAHIKO KOBAYASHI, M.D., Ph.D.
DEPUTY MEDICAL EXAMINER

I hereby request a copy of the autopsy report in the case of:

who died in the City and County of Honolulu under investigative circumstances on

_____ .

Please send the autopsy report to:

Name: _____

Mailing Address: _____

Please note:

ADVANCE PAYMENT IS REQUIRED. Please submit a \$5.00 check or money order payable to the Department of the Medical Examiner, 835 Iwilei Road, Honolulu, Hawaii 96817.

When the final autopsy report is available, a copy will be mailed to you. You may also pick up the report in person and/or request it to be emailed (provide email address).